

## Community Support Services (CSS) Input Form

### To Express a Concern or Complaint (Part A)

Providing quality services is important to us, and it is your right as a client to file a complaint if you are dissatisfied with the care you are receiving. You will never receive fewer services or be retaliated against for making a complaint. Use this form to let us know any problem you have that has not been addressed to your satisfaction. Our goal is to work out a solution within **10 Calendar days** from the date we receive your complaint. To resolve your complaint, we encourage you to talk with your assigned staff or their supervisor. If we need to contact you after you are discharged, please let us know how we can reach you. Use additional paper if needed. You may also call the CSS Client Advocate at **704-614-3000. Address: Hal Marshall County Services Center, 700 N. Tryon Street, Charlotte NC 28202.**

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I am in the ☐ Men's Shelter ☐ Women's Shelter ☐ Other: \_\_\_\_\_

My assigned staff member/counselor is: \_\_\_\_\_

Describe the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think this problem can be solved? \_\_\_\_\_

\_\_\_\_\_

Have you talked with your assigned staff or anyone else about your problem? ☐ No ☐ Yes If yes, who, and what were the results? \_\_\_\_\_

\_\_\_\_\_

☐ I give my permission to identify me during any necessary investigation. I can be reached at the number or address at the top of this form. ☐ I do not give my permission.

List the person you would like to talk to about this problem: \_\_\_\_\_

List the person you are giving this form to: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

\_\_\_\_\_

Client's Signature

Date

(You may ask for a copy of this document before giving it to staff)

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Signature of staff member receiving this document to address the complaint: \_\_\_\_\_

Date document received: \_\_\_\_\_ Action(s) you took to address client's concerns, including the dates you met with the client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I have worked with staff to address the problem stated above. ☐ My problem was addressed to my satisfaction. ☐ My problem was not addressed to my satisfaction and this will be referred for additional review.

Client Signature:

Date:

Staff Signature:

Date:

Forwarded to \_\_\_\_\_ for review and further action as needed:

Date:

